



OPERATING PROCEDURE

***CARDIAC EMERGENCIES
SUPRAVENTRICULAR TACHYCARDIA
UNSTABLE PATIENT***

Effective Date:
November 2, 1990

Revised:
October 1, 2000

Approved By:

Approved By Operational Medical Director:

ALS ONLY

1. Connect the patient to the EKG monitor and document the rhythm. Obtain a 12 lead EKG as soon as possible.
2. Establish an IV of 0.9% Sodium Chloride. Establish a second IV as needed and as time permits. Do not delay treatment or transport while trying to establish the second IV.
3. If patient is significantly unstable, sedation and synchronized cardioversion is the treatment of choice. If cardioversion will be delayed, then a "trial dose" of ADENOSINE is acceptable per the ACLS standard. When treating critically unstable patients, every effort should be made to contact medical control as soon as possible.
4. Sedate the patient as needed. Administer VALIUM 2 mg slow IVP every 2 to 5 minutes, not to exceed 10 mg. Continue until patient has been adequately sedated. Careful attention to the patient's respiratory status is important when administering VALIUM.
5. Administer a synchronous cardioversion at 100 joules
6. Immediately reassess and, if needed, administer a synchronous cardioversion at 200 joules
7. Immediately reassess and, if needed, administer a synchronous cardioversion at 300 joules
8. Immediately reassess and, if needed, administer a synchronous cardioversion at 360 joules

MEDICAL CONTROL ONLY

9. Consider other interventions as directed by on-line medical control.